

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-040931
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317
FILED OCT 26 1962

Primary Registration District No. 500

Registrar's No. 2895

VS 300
Rev. 4/59

14000
2 8120

3

4 0

5 0

6

7 1

8 1

9 9239

10 46

11 333

12 48-0

13

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY **ST. LOUIS**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **JEFFERSON BRACKS
MISSOURI**

Length of stay in 1b
450 DAYS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **VETERANS ADMINISTRATION
HOSPITAL**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **ILLINOIS** COUNTY **MONROE**

c. CITY OR TOWN **WATERLOO**

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
Waterloo, Ill.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First Middle Last
HENRY L. ARMBRECHT

4. DATE OF DEATH Month Day Year
OCTOBER 4, 1962

5. SEX
MALE

6. COLOR OR RACE
WHITE

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
12-8-39

9. AGE (last birthday)
72

IF UNDER 1 YEAR
Months Days

IF UNDER 24 HR
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life. (If retired))
GENERAL FARM LABORER

10b. KIND OF BUSINESS OR INDUSTRY
FARMING

11. BIRTHPLACE (City and state or country)
WATERLOO, ILLINOIS

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME
ADOLPH ARMBRECHT

13b. MOTHER'S MAIDEN NAME
CATHERINE STOP

14. NAME OF HUSBAND OR WIFE
NEVER MARRIED

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
YES

17. INFORMANT Address
**OLIVER ARMBRECHT (NEPHEW)
237 N. Main, COLUMBIA, ILL.**

18. CAUSE OF DEATH (Enter only one cause per line. If more than one, list them in order of importance.)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

PULMONARY ASPIRATION GASTRIC CONTENT

INTERVAL BETWEEN ONSET AND DEATH
1 HOUR

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

SEVERE GENERAL INANITION & EMACIATION

1 YEAR

DUE TO (c)

SENILE DETERIORATION

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

HEMORRHAGE, ACUTE & CHRONIC BRONCHOPNEUMONIA, PULMONARY EDEMA

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **7-11-61** to **10-4-62**
Death occurred at **12:50 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
JOHN MUELLER

22b. ADDRESS
M.D. VET ADM HOSP, JEFF BRKS, 25, MO.

22c. DATE SIGNED
10-5-62

23a. BURIAL CREMATION, REMOVAL (Specify)
Burial

23b. DATE
10/8/62

23c. NAME OF CEMETERY OR CREMATORY
National Cemetery

23d. LOCATION (City, town, or county) (State)
Jefferson Brks. Mo.

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.
10-8-62

26. REGISTRAR'S SIGNATURE
John. Mueller M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed David E. Quenleum

Licensed Embalmer No. 5178

P. O. Address Waterloo, Illinois

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.